



VOCATIONAL SERVICES CLOSING COVER SHEET FOR EARLY INTERVENTION

Complete this form and place it under the completed F252-041-000 Early Intervention VCLOS Routing Sheet. Both forms should be placed on top of the closing report.

Date _____

Claim Number _____

Referral Type: Early Intervention	Worker Name
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Referral Outcome: Write in the outcome code and exact narrative for the outcome you submitted on the Department of Labor and Industries VOCU screen:	
Outcome Code	Outcome Code Narrative
Detail of Outcome:	

If closing ADM1 please attach medical documentation that the worker is unable to participate in vocational services for 90 days or more.

Attached Documents			
<input type="checkbox"/>	Job Analysis – Job of Injury	<input type="checkbox"/>	Pre-Job/Job Mod Consultation Eval
<input type="checkbox"/>	Job Analysis – Other RTW options	<input type="checkbox"/>	Physical Capacities/Relevant Med Info
<input type="checkbox"/>	Educational History	<input type="checkbox"/>	Work History
<input type="checkbox"/>	Other (please list below)	<input type="checkbox"/>	Job Offer Letter

Date of Last Contact with Employer of Record (EOR)

Possibility of RTW with EOR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
RTW possibility is	<input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent
Payee ID/Branch	Provider ID	VRC Name/Signature